



*The Commonwealth of Massachusetts*  
*Alcoholic Beverages Control Commission*  
*239 Causeway Street*  
*Boston, MA 02114*  
[www.mass.gov/abcc](http://www.mass.gov/abcc)

**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 061600001

CITY OR TOWN LINCOLN

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: AKA BISTRO GROUP LLC

DOING BUSINESS AS AKA BISTRO

ADDRESS 145 LINCOLN ROAD

CITY/TOWN: LINCOLN

STATE: MA

ZIP CODE: 01773

MANAGER: TOUCHE,  
CHRISTIAN

TYPE OF LICENSE: Restaurant

CATEGORY: Wine and  
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

THE PREMISE IS AT THE MALL...FIRST FLOOR BUILDING AREA WITH 2 EXITS...APPROX.  
800 SQ FT OF LOWER SPACE FOR STORAGE AND PREP KITCHEN AND 520 SF  
ENCLOSURE TERRACE DELIMITED BY A STEEL FENCE WITH ONLY AN EXIT GOING INTO  
THE RESTAURANT

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

DATE:

\_\_\_\_\_



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**OFF-PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 061600003

CITY OR TOWN LINCOLN

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: DONELAN'S SUPERMARKETS, INC.

DOING BUSINESS AS

ADDRESS 145 LINCOLN ROAD

CITY/TOWN: LINCOLN

STATE: MA

ZIP CODE: 01773

MANAGER: DONELAN, JOHN TYPE OF LICENSE: Package Store  
K.

CATEGORY: Wine and  
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

A RETAIL SUPERMARKET OF APPROX. 20,000 SQ.FT. WITH TWO MAIN ENTRANCES AND  
EXITS LOCATED IN THE FRONT AND REAR OF THE SUPERMARKET AND ONE RECEIVING  
DOOR LOCATED IN THE REAR OF THE BUILDING WITH AN EMERGENCY EXIT ON THE  
SIDE OF THE BUILDING

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)